

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Richard MALCHAR

Title:

AN ABDOMINAL AND TORSO

STRENGTHENING APPARATUS

Appl. No.:

Unknown

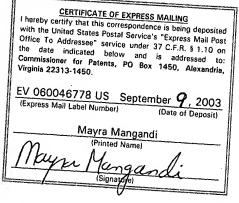
Filing Date: Concurrently herewith

Examiner:

Unknown

Art Unit:

Unknown



UTILITY PATENT APPLICATION TRANSMITTAL

Mail Stop PATENT APPLICATION Commissioner for Patents PO Box 1450 Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Richard MALCHAR 5720 Valley Oak Drive Los Angeles, California 90068

[X] Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

- Specification, Claim(s), and Abstract (11 pages).
- [X] Informal drawings (3 sheets, Figures 1, 2, 3).

- [X] Declaration and Power of Attorney (3 pages).
- [] Assignment of the invention to ASSIGNEE_COMPANY_NAME.
- [] Assignment Recordation Cover Sheet.
- [] Small Entity statement.
- [X] Request for application not to be published with certification under 35 USC 122(b)(2)(B)(i).
- [] Information Disclosure Statement.
- [] Form PTO/SB/08 with copies of ___ listed reference(s).
- [X] Application Data Sheet (37 CFR 1.76).
- [] Claim for Convention Priority.

The filing fee is calculated below:

	Claims as Filed		Included in Basic Fee		Extra Claims		Rate		Fee Totals
Basic Fee							\$750.00		\$750.00
Total Claims:	14	_	20	=	0	X	\$18.00	=	\$0.00
Independents	1	-	3	=	0	х	\$84.00	=	\$0.00
If any Multiple Dependent Claim(s) present: + \$280.00								=	\$0.00
SUBTOTAL:								=	\$750.00
[X] Small Entity Fees Apply (subtract ½ of above):								=	\$375.00
	TOTAL FILING FEE:							=	\$375.00

- [X] A check in the amount of \$375.00 to cover the filing fee is enclosed.
- [] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed

herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

FOLEY & LARDNER

Customer Number: 23392

Telephone:

(310) 975-7963

Facsimile:

(310) 557-8475

Ву

Anna M. Vradenburgh Attorney for Applicant Registration No. 39,868

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REQUEST AND CERTIFICATION UNDER 35 U.S.C. 122(b)(2)(B)(i)

Commissioner for Patents PO Box 1450 Alexandria, Virginia 22313-1450

Sir:

Applicant hereby certifies that the invention disclosed in the attached application has not and will not be the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing. Applicant hereby requests that the attached application not be published under 35 U.S.C. 122(b).

Respectfully submitted,

Date

FOLEY & LARDNER

Customer Number: 23392

Telephone:

(310) 975-7963

Facsimile:

(310) 557-8475

Ву

Anna M. Vradenburgh Attorney for Applicant Registration No. 39,868